

NOTICE OF SETTLEMENT

CLAIMS POTENTIALLY BENEFITTING YOU HAVE BEEN ASSERTED IN U.S. DISTRICT COURT IN GREAT FALLS, MONTANA, AND CONDITIONALLY HAVE BEEN SETTLED

Why Did I Get This Notice?

A legal action was initiated by current and former participants in the employee health plans of several Montana hospitals, including Northern Montana Hospital ("NMH"). The action is captioned *Turner v. Northern Montana Hospital, et al.*, and is currently pending in U.S. District Court for the District of Montana, Great Falls Division, under Cause No. CV-17-141-GF-BMM. A settlement agreement has been reached in the case.

Records show that you may be a current or former participant in the NMH employee benefit health plan—known as the Northern Montana Hospital Health Plan—who participated between the dates of January 1, 2012, and December 31, 2017. You may be eligible to receive a payment as a result of the settlement. To the extent applicable, this Notice may additionally serve as a summary of material modifications for the Northern Montana Hospital Health Plan.

Who Are The Parties Involved And What Is This Lawsuit About?

Attorneys for the Plaintiffs represent individual current or former participants in the Defendant hospitals' employee benefit health plans. Plaintiffs allege that while serving as fiduciaries of their employee health plans, the Defendant hospitals violated duties owed under a federal law known as ERISA and engaged in self-dealing, conflicted interest transactions, mismanagement of plan assets, and breach of fiduciary duties to plan participants and beneficiaries.

Specifically, Plaintiffs alleged that Defendants entered into an agreement with Blue Cross Blue Shield of Montana ("BCBSMT") effective between January 1, 2012, and December 31, 2017, whereby the health plans overpaid for insurance and administrative services, including with contributions from employees, and that the hospitals received "purchase price" payments from BCBSMT as part of the

arrangement. Plaintiffs sought compensation on behalf of the plans and their participants for alleged inflated payments to BCBSMT, as well as disgorgement from Defendants of amounts received from BCBSMT. Plaintiffs retained expert ERISA fiduciaries and attorneys who concluded the plans paid inflated premiums and/or administrative fees and that non-conflicted ERISA fiduciaries would not have bound the plans thereto.

NMH denies Plaintiffs' allegations. More specifically, NMH denies that it breached any fiduciary duty. NMH denies that it and/or plan participants paid excessive administrative fees or insurance premiums or that NMH received any improper payments from BCBSMT. NMH contends that the insurance premiums paid by NMH and plan participants from 2012-2017 were well below the industry standard, have not increased for several years, and that the coverage provided to plan participants was above industry standard. NMH retained experts and consultants who opined that NMH acted appropriately and that no part of the BCBSMT transaction violated the law.

The parties engaged in discovery of evidence related to allegations, depositions of witnesses, and disclosure of their experts. A mediation was conducted on September 16, 2019, and the parties have now agreed to settle.

Has the Lawsuit Been Resolved?

Plaintiffs have entered into settlement agreements with each of the Defendant hospitals, including Northern Montana Hospital (NMH). These settlements resolve the claims against the hospitals.

With respect to NMH, upon court approval of the settlement agreement and entry of a bar order, and subject to all other terms of the agreement, NMH and/or its liability insurer(s) will pay \$348,055, which is in addition to \$192,870 that was previously paid, in exchange for a release and dismissal of the litigation as against NMH.

The amount of the settlement after payment of attorney fees and costs and reduction for any taxes or withholdings deemed appropriate by the court-

appointed settlement fiduciary will then be paid to people who were plan participants between January 1, 2012, and December 31, 2017.

What Do I Need To Do?

If you do not object to the settlement, you do not need to do anything. You may receive a distribution through the plan, a refund of past contributions, or an adjustment to current contributions if otherwise appropriate under governing law as determined by an impartial professional trustee. If your address changes, you should notify the attorneys identified below.

If you do object to the settlement, you need to lodge an objection with the U.S. District Court for the District of Montana, Great Falls Division, under cause number CV-17-141-GF-BMM. A copy of the objection must also be provided to the following attorneys:

John L. Amsden, Esq.
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1946 Stadium Drive, Suite 1
Bozeman, MT 59715

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401 North Last Chance Gulch, PO Box 557
Helena, MT 59601

Gary M. Zadick
James R. Zadick
UGRIN ALEXANDER ZADICK, P.C.
#2 Railroad Square
Great Falls, MT 59403

Any objection must be received by the Court and the attorneys by November 22, 2019, in order to be considered.

There will be a court hearing on December 11, 2019, at 9:00 a.m., at the Missouri River Federal Courthouse located at 125 Central Avenue West in Great Falls, Montana, 59404. At this hearing, the judge presiding over this case, the Honorable Brian Morris, will consider whether or not to approve this settlement. If it is approved, Judge Morris will enter a "bar order" protecting Defendant NMH and related parties from any further litigation related to these claims. You are free to attend this hearing but you are not required to attend.

What If I Have Questions?

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Tel: (406) 577-2555

Email: info@becklawyers.com

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Why Did I Get This Notice?

A legal action was initiated by current and former participants in the employee health plans of several Montana hospitals, including St. Peter's Hospital ("SPH"). The action is captioned *Turner et al. v. St. Peter's Health, et al.*, and is currently pending in U.S. District Court for the District of Montana, Great Falls Division, under Cause No. CV-17-141-GF-BMM. A settlement agreement has been reached in the case.

Records show that you may be a current or former participant in the SPH employee benefit health plan—known as the St. Peters Hospital Employee Welfare Plan—who participated between the dates of January 1, 2012, and December 31, 2017. You may be eligible to receive a payment as a result of the settlement. To the extent applicable, this Notice may additionally serve as a summary of material modifications for the St. Peters Hospital Employee Welfare Plan.

Who Are The Parties Involved And What Is This Lawsuit About?

Attorneys for the Plaintiffs represent individual current or former participants in the Defendant hospitals' employee benefit health plans. Plaintiffs alleged that while serving as fiduciaries of their employee health plans, the Defendant hospitals violated duties owed under a federal law known as ERISA and engaged in self-dealing, conflicted interest transactions, mismanagement of plan assets, and breach of fiduciary duties to plan participants and beneficiaries.

Specifically, Plaintiffs alleged that Defendants entered into an agreement with Blue Cross Blue Shield of Montana ("BCBSMT") effective between January 1, 2012, and December 31, 2017, whereby the health plans overpaid for insurance and administrative services, including with contributions from employees, and that the

hospitals received “purchase price” payments from BCBSMT as part of the arrangement. Plaintiffs sought compensation on behalf of the plans and their participants for alleged inflated payments to BCBSMT, as well as disgorgement from Defendants of amounts received from BCBSMT. Plaintiffs retained expert ERISA fiduciaries and attorneys who concluded the plans paid inflated premiums and/or administrative fees and that non-conflicted ERISA fiduciaries would not have bound the plans thereto.

SPH denies Plaintiffs’ allegations. More specifically, SPH denies that it breached any fiduciary duty. SPH denies that it and/or plan participants paid excessive administrative fees or insurance premiums or that SPH received any improper payments from BCBSMT. SPH contends that the insurance premiums paid by SPH and plan participants from 2012-2017 were well below the industry standard, have not increased for several years, and that the coverage provided to plan participants was above industry standard. SPH retained experts and consultants who opined that SPH acted appropriately and that no part of the BCBSMT transaction violated the law.

The parties engaged in discovery of evidence related to allegations, depositions of witnesses, and disclosure of their experts. A mediation was conducted on September 16, 2019, and the parties have now agreed to settle.

Has the Lawsuit Been Resolved?

Plaintiffs have entered into settlement agreements with Defendant hospitals, including St. Peter’s Hospital (SPH). These settlements resolve the claims against the hospitals.

With respect to SPH, upon court approval of the settlement agreement and entry of a bar order, and subject to all other terms of the agreement, SPH and/or its insurer(s) will pay \$775,000, which is in addition to \$776,400 that was previously paid by SPH to participants, in exchange for a release and dismissal of the litigation.

The amount of the settlement after payment of attorney fees and costs and reduction for any taxes or withholdings deemed appropriate by the court-appointed settlement fiduciary will then be paid to people who were plan participants between January 1, 2012, and December 31, 2017.

What Do I Need To Do?

If you do not object to the settlement, you do not need to do anything. You may receive a distribution through the plan, a refund of past contributions, or an adjustment to current contributions if otherwise appropriate under governing law as determined by an impartial professional trustee. If your address changes, you should notify the attorneys identified below.

If you do object to the settlement, you need to lodge an objection with the U.S. District Court for the District of Montana, Great Falls Division, under cause number CV-17-141-GF-BMM. A copy of the objection must also be provided to the following attorneys:

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Helena, MT 59601

David M. McLean, Esq.
McLEAN & ASSOCIATES PLLC
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Missoula, MT 59808

Any objection must be received by the Court and the attorneys by November 22, 2019, in order to be considered.

NOTICE OF SETTLEMENT

Turner v. St. Peter's Hospital

Page 3

There will be a court hearing on December 11, 2019, at 9:00 a.m., at the Missouri River Federal Courthouse located at 125 Central Avenue West in Great Falls, Montana, 59404. At this hearing, the judge presiding over this case, the Honorable Brian Morris, will consider whether or not to approve this settlement. If it is approved, Judge Morris will enter a "bar order" protecting Defendant SPH and related parties from any further litigation related to these claims. You are free to attend this hearing but you are not required to attend.

What If I Have Questions?

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Why Did I Get This Notice?

A legal action was initiated by current and former participants in the employee health plans of several Montana hospitals, including Bozeman Deaconess Health Services ("Bozeman Health"). The action is captioned *Turner, et. al. v. Northern Montana Hospital et. al*, and is currently pending in U.S. District Court for the District of Montana, Great Falls Division, under Cause No. CV-17-141-GF-BMM. A settlement agreement has been reached in the case.

Records show that you may be a current or former participant in the Bozeman Health employee benefit health plan—known as the Bozeman Deaconess Health Services Comprehensive Health and Welfare Plan—who participated between the dates of January 1, 2012, and December 31, 2017. You may be eligible to receive a payment as a result of the settlement. To the extent applicable, this Notice may additionally serve as a summary of material modifications for the Bozeman Deaconess Health Services Comprehensive Health and Welfare Plan.

Who Are The Parties Involved And What Is This Lawsuit About?

Attorneys for Plaintiffs represent individual current or former participants in the Defendant hospitals' employee benefit health plans. Plaintiffs alleged that while serving as fiduciaries of their employee health plans, the Defendant hospitals violated duties owed under a federal law known as ERISA and engaged in self-dealing, conflicted interest transactions, mismanagement of plan assets, and breach of fiduciary duties to plan participants and beneficiaries.

Specifically, Plaintiffs alleged that Defendants entered into an agreement with Blue Cross Blue Shield of Montana ("BCBSMT") effective between January 1, 2012, and December 31, 2017, whereby the health plans overpaid for insurance and administrative services, including with contributions from employees, and that the

hospitals received “purchase price” payments from BCBSMT as part of the arrangement. Plaintiffs sought compensation on behalf of the plans and their participants for alleged inflated payments to BCBSMT, as well as disgorgement from Defendants of amounts received from BCBSMT. Plaintiffs retained expert ERISA fiduciaries and attorneys who concluded the plans paid inflated premiums and/or administrative fees and that non-conflicted ERISA fiduciaries would not have bound the plans thereto.

Bozeman Health denies Plaintiffs’ allegations. More specifically, Bozeman Health denies that it breached any fiduciary duty. Bozeman Health denies that it and/or plan participants paid excessive administrative fees or insurance premiums or that Bozeman Health received any improper payments from BCBSMT. Bozeman Health contends that the insurance premiums paid by Bozeman Health and plan participants from 2012-2017 were well below the industry standard, have not increased for several years, and that the coverage provided to plan participants was above industry standard. Bozeman Health retained experts and consultants who opined that Bozeman Health acted appropriately and that no part of the BCBSMT transaction violated the law.

The parties engaged in discovery of evidence related to allegations, depositions of witnesses, and disclosure of their experts. A mediation was conducted on September 16, 2019, and the parties have now agreed to settle.

Has the Lawsuit Been Resolved?

Plaintiffs have entered into settlement agreements with Defendant hospitals, including Bozeman Health. These settlements resolve the claims against the hospitals.

With respect to Bozeman Health, upon court approval of the settlement agreement and entry of a bar order, and subject to all other terms of the agreement, Bozeman Health’s insurer(s) will pay \$825,000 to settle the claims, and Bozeman Health will use \$450,000 of the money received from BCBSMT to pay attorney fees and costs. In exchange, Bozeman Health will receive a release and dismissal of the litigation against it.

The amount of the settlement after payment of attorney fees and costs and reduction for any taxes or withholdings deemed appropriate by the court-appointed settlement fiduciary will then be paid to people who were plan participants between January 1, 2012, and December 31, 2017.

What Do I Need To Do?

If you do not object to the settlement, you do not need to do anything. You may receive a distribution as determined by an impartial professional fiduciary. If your address changes, you should notify the attorneys identified below.

If you do object to the settlement, you need to lodge an objection with the U.S. District Court for the District of Montana, Great Falls Division, under cause number CV-17-141-GF-BMM. A copy of the objection must also be provided to the following attorneys:

John L. Amsden, Esq.
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401 North Last Chance Gulch, PO Box 557
Helena, MT 59601

Ian McIntosh, Esq.
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1915 South 19th Avenue
Bozeman, MT 59718

Any objection must be received by the Court and the attorneys by November 22, 2019, in order to be considered.

There will be a court hearing on December 11, 2019, at 9:00 a.m., at the Missouri River Federal Courthouse located at 125 Central Avenue West in Great Falls, Montana, 59404. At this hearing, the judge presiding over this case, the Honorable Brian Morris, will consider whether or not to approve this settlement. If it is approved, Judge Morris will enter a "bar order" protecting Defendant Bozeman Health and related parties from any further litigation related to these claims. You are free to attend this hearing but you are not required to attend.

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Why Did I Get This Notice?

A legal action was initiated by current and former participants in the employee health plans of several Montana hospitals, including Community Medical Center ("CMC"). The action is captioned *Turner et al. v. Northern Montana Hospital, et al.*, and is currently pending in U.S. District Court for the District of Montana, Great Falls Division, under Cause No. CV-17-141-GF-BMM. A settlement agreement has been reached in the case.

Records show that you may be a current or former participant in the CMC employee benefit health plan—known as the Community Medical Center Welfare Benefit Plan—who participated between the dates of January 1, 2012, and December 31, 2017. You may be eligible to receive a payment as a result of the settlement. To the extent applicable, this Notice may additionally serve as a summary of material modifications for the Community Medical Center Welfare Benefit Plan.

Who Are The Parties Involved And What Is This Lawsuit About?

Attorneys for the Plaintiffs represent individual current or former participants in the Defendant hospitals' employee benefit health plans. Plaintiffs alleged that while serving as fiduciaries of their employee health plans, the Defendant hospitals violated duties owed under a federal law known as ERISA and engaged in self-dealing, conflicted interest transactions, mismanagement of plan assets, and breach of fiduciary duties to plan participants and beneficiaries.

Specifically, Plaintiffs alleged that Defendants entered into an agreement with Blue Cross Blue Shield of Montana ("BCBSMT") effective between January 1, 2012, and December 31, 2017, whereby the health plans overpaid for insurance and administrative services, including with contributions from employees, and that the

hospitals received “purchase price” payments from BCBSMT as part of the arrangement. Plaintiffs sought compensation on behalf of the plans and their participants for alleged inflated payments to BCBSMT, as well as disgorgement from Defendants of amounts received from BCBSMT. Plaintiffs retained expert ERISA fiduciaries and attorneys who concluded the plans paid inflated premiums and/or administrative fees and that non-conflicted ERISA fiduciaries would not have bound the plans thereto.

CMC denies Plaintiffs’ allegations. More specifically, CMC denies that it breached any fiduciary duty. CMC denies that it and/or plan participants paid excessive administrative fees or insurance premiums or that CMC received any improper payments from BCBSMT. CMC contends that the insurance premiums paid by CMC and plan participants from 2012-2017 were well below the industry standard, have not increased for several years, and that the coverage provided to plan participants was above industry standard. CMC retained experts and consultants who opined that CMC acted appropriately and that no part of the BCBSMT transaction violated the law.

The parties engaged in discovery of evidence related to allegations, depositions of witnesses, and disclosure of their experts. A mediation was conducted on September 16, 2019, and the parties have now agreed to settle.

Has the Lawsuit Been Resolved?

Plaintiffs have entered into settlement agreements with each of the Defendant hospitals, including Community Medical Center (CMC). These settlements resolve the claims against the hospitals.

With respect to CMC, upon court approval of the settlement agreement and entry of a bar order, and subject to all other terms of the agreement, CMC and/or its insurer(s) will pay \$2,083,010 in exchange for a release and dismissal of the litigation as against CMC.

The amount of the settlement after payment of attorney fees and costs and reduction for any taxes or withholdings deemed appropriate by the court-

appointed settlement fiduciary will then be paid to people who were plan participants between January 1, 2012, and December 31, 2017.

What Do I Need To Do?

If you do not object to the settlement, you do not need to do anything. You may receive a distribution through the plan, a refund of past contributions, or an adjustment to current contributions if otherwise appropriate under governing law as determined by an impartial professional trustee. If your address changes, you should notify the attorneys identified below.

If you do object to the settlement, you need to lodge an objection with the U.S. District Court for the District of Montana, Great Falls Division, under cause number CV-17-141-GF-BMM. A copy of the objection must also be provided to the following attorneys:

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350 Ryman Street, PO Box 7909
Missoula, MT 59807-7909

Any objection must be received by the Court and the attorneys by November 22, 2019, in order to be considered.

There will be a court hearing on December 11, 2019, at 9:00 a.m., at the Missouri River Federal Courthouse located at 125 Central Avenue West in Great Falls, Montana, 59404. At this hearing, the judge presiding over this case, the Honorable Brian Morris, will consider whether or not to approve this settlement. If it is approved, Judge Morris will enter a "bar order" protecting Defendant CMC and related parties from any further litigation related to these claims. You are free to attend this hearing but you are not required to attend.

What If I Have Questions?

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Why Did I Get This Notice?

A legal action was initiated by current and former participants in the employee health plans of several Montana hospitals, including the Billings Clinic. The action is captioned *Turner et al. v. Northern Montana Hospital, et al.*, and is currently pending in U.S. District Court for the District of Montana, Great Falls Division, under Cause No. CV-17-141-GF-BMM. A settlement agreement has been reached in the case.

Records show that you may be a current or former participant in the Billings Clinic employee benefit health plan—known as the Billings Clinic Employee Benefit Plan and Trust—who participated between the dates of January 1, 2012, and December 31, 2017. You may be eligible to receive a payment as a result of the settlement.

Who Are The Parties Involved And What Is This Lawsuit About?

Attorneys for the Plaintiffs represent individual current or former participants in the Defendant hospitals' employee benefit health plans. Plaintiffs alleged that while serving as fiduciaries of their employee health plans, the Defendant hospitals violated duties owed under a federal law known as ERISA and engaged in self-dealing, conflicted interest transactions, mismanagement of plan assets, and breach of fiduciary duties to plan participants and beneficiaries.

Specifically, Plaintiffs alleged that Defendants entered into an agreement with Blue Cross Blue Shield of Montana ("BCBSMT") effective between January 1, 2012, and December 31, 2017, whereby the health plans overpaid for insurance and administrative services, including with contributions from employees, and that the hospitals received "purchase price" payments from BCBSMT as part of the arrangement. Plaintiffs sought compensation on behalf of the plans and their participants for alleged inflated payments to BCBSMT, as well as disgorgement

from Defendants of amounts received from BCBSMT. Plaintiffs retained expert ERISA fiduciaries and attorneys who concluded the plans paid inflated premiums and/or administrative fees and that non-conflicted ERISA fiduciaries would not have bound the plans thereto.

Billings Clinic denies Plaintiffs' allegations. More specifically, Billings Clinic denies that it breached any fiduciary duty. Billings Clinic denies that it and/or plan participants paid excessive administrative fees or insurance premiums or that Billings Clinic received any improper payments from BCBSMT. Billings Clinic contends that the insurance premiums paid by Billings Clinic and plan participants from 2012-2017 were well below the industry standard, have not increased for several years, and that the coverage provided to plan participants was above industry standard. Billings Clinic retained experts and consultants who opined that Billings Clinic acted appropriately and that no part of the BCBSMT transaction violated the law.

The parties engaged in discovery of evidence related to allegations, depositions of witnesses, and disclosure of their experts. A mediation was conducted on September 16, 2019, and the parties have now agreed to settle.

Has the Lawsuit Been Resolved?

Plaintiffs have entered into settlement agreements with each of the Defendant hospitals, including Billings Clinic. These settlements resolve the claims against the hospitals.

With respect to Billings Clinic, upon court approval of the settlement agreement and entry of a bar order, and subject to all other terms of the agreement, Billings Clinic and/or its insurer(s) will pay (a) \$1,570,100 to settle the claims; and (b) \$900,000 for attorney fees and costs. In exchange, Billings Clinic will receive a release and dismissal of the litigation against it.

The amount of the settlement after payment of attorney fees and costs and reduction for any taxes or withholdings deemed appropriate by the court-

appointed settlement fiduciary will then be paid to people who were plan participants between January 1, 2012, and December 31, 2017.

What Do I Need To Do?

If you do not object to the settlement, you do not need to do anything. You may receive a distribution as determined by an impartial professional trustee. If your address changes, you should notify the attorneys identified below.

If you do object to the settlement, you need to lodge an objection with the U.S. District Court for the District of Montana, Great Falls Division, under cause number CV-17-141-GF-BMM. A copy of the objection must also be provided to the following attorneys:

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Shane P. Coleman, Esq.
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Billings, MT 59101

Any objection must be received by the Court and the attorneys by November 22, 2019, in order to be considered.

There will be a court hearing on December 11, 2019, at 9:00 a.m., at the Missouri River Federal Courthouse located at 125 Central Avenue West in Great Falls, Montana, 59404. At this hearing, the judge presiding over this case, the Honorable

Brian Morris, will consider whether or not to approve this settlement. If it is approved, Judge Morris will enter a "bar order" protecting Defendant Billings Clinic and related parties from any further litigation related to these claims. You are free to attend this hearing but you are not required to attend.

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